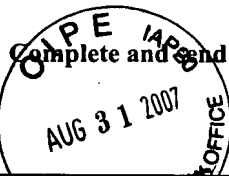


## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
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7590

08/15/2007

Charlene A. Boehm  
 320 Gilbert Road  
 Columbus, NC 28722

09/04/2007 SFELEKE2 00000004 09780901

01 FC:2501  
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Charlene A. Boehm	(Depositor's name)
Charlene A. Boehm	(Signature)
August 28, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/780,901	02/09/2001	Charlene A. Boehm	46607-248184	6758

TITLE OF INVENTION: METHODS FOR DETERMINING THERAPEUTIC RESONANT FREQUENCIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/15/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MORAN, MARJORIE A	1631	702-019000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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Authorized Signature Charlene A. BoehmDate August 28, 2007Typed or printed name Charlene A. Boehm

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